

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5054

STATE FILE NUMBER

-63-022126

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300

Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED MAY 17 1963

| | | | |
|--|---|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital | | d. STREET ADDRESS (If outside, give location) 4961 Ashby | |
| 3. NAME OF DECEASED (Type or print) First Middle Last BERNARD F RELLER | | 4. DATE OF DEATH Month Day Year May 9 1963 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7/13/1894 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) plant protection | | 10b. KIND OF BUSINESS OR INDUSTRY chemical | 9. AGE (last birthday) 68 |
| 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME ANTON RELLER | | 13b. MOTHER'S MAIDEN NAME Anna Reckamp | |
| 14. NAME OF HUSBAND OR WIFE Anette Reller | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Anette Reller - 4961 Ashby | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Coronary sclerosis Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | | | |
| PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from May 1961 to April 63 and last saw her alive on April 21 63 Death occurred at 5:50 A.M. on the date stated above, and to the best of my knowledge from the causes stated. | | | |
| 22a. SIGNATURE Carl R. Roob (Degree or title) | | 22b. ADDRESS 5074 Vesper | |
| 22c. DATE SIGNED MAY 10 1963 | | 23. LOCATION (City, town, or county) (State) St. Louis County Missouri | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE May 11, 1963 | |
| 23c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 23d. LOCATION (City, town, or county) (State) St. Louis County Missouri | |
| 24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY-5967 W. Florissant Ave | | 25. DATE RECD. BY LOCAL REG. MAY 10 1963 | |
| 26. REGISTRAR'S SIGNATURE Carl Smith, M.D. | | | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Welford P. Burchholz

Licensed Embalmer No. 4551

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.